PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 25 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J44456

1. Corporation Name
Slab Constration Inc.

500008170365--9
-10/03/02--01017--004
****458.75 ****458.75

2. Principal Office Address	**3.** Mailing Office Address
105 Fourpoints Wy	105 Fourpoints Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fl.	City & State: Tallahassee, Fl.
Zip: 32305 Country: USA	Zip: 32305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-10-1987

5. FEI Number: 59-2852055 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RP Harris Jr.

Street Address (P.O. Box Number is Not Acceptable): 1341 Fungahill Dr.

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32317

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RP Harris Jr.	1341 Fungahill Dr.	Tallahassee Fl 32317

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ RP Harris 9-25-02 656-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Slabs, Tilt-Ups
Post Tension

Office
(850)656-2810

Foundations
Form Concrete

Fax
(850)656-2297

Slab Construction, Inc.
105 Four Points Way
Tallahassee, Fl. 32310
Office:(850)656-2810 Fax:(850)656-2297
Net Address: talcrane@nettally.com

To Whom it May Concern!

I did not recieve Notice

Fr year 2,000.

Pleas Reinstate my Corpatn.

Thank you

[illegible]